Thank You For Your Assistance  Certification  The request for issuing the above-identified correction(s) is Note your decision on the appropriate box.  Approved  All changes apply	ECTION
SUBJECT : Request for Certificate of Correction on Patent No.:	Paper No.:
A response is requested with respect to the accompanying request for Please complete this form and return with file, within 7 days to:  Certificates of Correction Branch - PK 3-915  Palm location 7580 - Tel. No. 305-8309  With respect to the change(s) requested, correcting Office and/or App patent read as shown in the certificate of correction? No new matter sh the scope or meaning of the claims be changed.  Thank You For Your Assistance  The request for issuing the above-identified correction(s) is Note your decision on the appropriate box.  Approved  Approved in Part Specify below white Denied  State the reasons	
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Comments:	for denial below.
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